

RECEIVED

JAN 21 2014 *mpb*

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

GAS I PITTER

FILED

3/3/2014

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

14CV0443
JUDGE KENNELLY
MAGISTRATE JUDGE FINNEGAN

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

DR. JACQUELINE MITCHELL,

DR. SAFFOLD, DR. GARG, DR.

BROOKS, STATE OF ILLINOIS,

ILLINOIS DEPARTMENT OF

CORRECTIONS, CORRECTIONAL

OFFICERS JOHN DOE 1-3

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: GAS I. PITTER
- B. List all aliases: NONE
- C. Prisoner identification number: R13046
- D. Place of present confinement: STATEVILLE CORRECTIONAL CENTER
- E. Address: P.O. BOX 112, JOLIET, ILLINOIS 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: DR. JACQUELINE MITCHELL
Title: DOCTOR/DENTIST
Place of Employment: ILLINOIS DEPARTMENT OF CORRECTIONS
- B. Defendant: DR. SAFFOLD
Title: DOCTOR/DENTIST
Place of Employment: ILLINOIS DEPARTMENT OF CORRECTIONS
- C. Defendant: DR. GARG
~~DOCTOR/DENTIST~~
Title: DOCTOR/DENTIST
Place of Employment: ILLINOIS DEPARTMENT OF CORRECTIONS

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. DEFENDANT: DR. BROOKS

TITLE: DOCTOR/DENTIST

PLACE OF EMPLOYMENT: ILLINOIS DEPARTMENT OF CORRECTION

E. DEFENDANT: STATE OF ILLINOIS

TITLE: STATE

PLACE OF EMPLOYMENT: ILLINOIS

F. DEFENDANT: ILLINOIS DEPARTMENT OF CORRECTIONS

TITLE: CORRECTIONAL INSTITUTION

PLACE OF EMPLOYMENT: STATE OF ILLINOIS

G. DEFENDANT: JOHN DOE 1-3

TITLE: CORRECTIONAL OFFICERS

PLACE OF EMPLOYMENT: STATEVILLE CORRECTIONAL CENTER OF IDOC

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

WHEREFORE, PLAINTIFF GASI PITTER, RESPECTFULLY REQUEST
THE HONORABLE COURT TO ENTER JUDGMENT IN HIS FAVOR AND
AGAINST DEFENDANTS DR. JACQUELINE MITCHELL, DR. SAFFOLD,
DR. GARG, DR. BROOK, STATE OF ILLINOIS, ILLINOIS DEPARTMENT OF
CORRECTIONS, AND JOHN DOE 1-3 FOR COMPENSATORY AND PUNITIVE
DAMAGES, COST AND ATTORNEY'S FEES IN ACCORDANCE WITH 42 U.S.C.
SECTION 1988, AND GRANT SUCH OTHER RELIEF THAT IT DEEMS IS JUST AND PROPER.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12 day of OCT, 20 13

Gasi Pitter R13046
(Signature of plaintiff or plaintiffs)

GASI PITTER R13046
(Print name)

R13046
(I.D. Number)

PO BOX 112

John IL 60434

Stateville C.C.
(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 10-8-12 **Offender:** Gasi Pitter **GRIEVANCE OFFICE:** R13046

Present Facility: Stateville CC **Facility where grievance issue occurred:** Stateville CC

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify):

☐ Disciplinary Report: 10/18/12 **Stateville CC**
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: on 9-14-12 I attended an dentist appointment to have my bottom front teeth filled. Doctor Mitchell along with her assistant was the only two slaves on duty. she ask her assistant to place me (Mr Pitter) in the chair next to her chair because she already had someone in her chair. As she was finishing up on her first client her assistant left for lunch. she started working on my teeth and the drill kept going off on its own without her pressing the button. After a few attempt of twacking and trying the drill went off and chip my teeth to where my nerve is now exposed. when her assistant came back she told her to "move me (Mr Pitter) to her chair because the drill kept going off on its own to where it chip his teeth. I can't work like this" so I move to her regular chair like I was told and she proceed to do her job. About 4 or 5 hours later after the numness

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: Gasi Pitter **ID#:** R13046 **Date:** 10/8/12

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 10/29/12 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62764-9277

Response: Issue resolved you were seen in dental on 10/28/12 last week or so.

Print Counselor's Name: Sanders **Counselor's Signature:** Sanders **Date of Response:** 11/12/12

EMERGENCY REVIEW

Date Received: 10/19/12 **Is this determined to be of an emergency nature?** ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

RECEIVED **Chief Administrative Officer's Signature:** [Signature] **Date:** 10/24/12

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

goes away, & tried to drink some water but my ^(teeth) ~~mouth~~ was very sensitive and hurting. & waited a couple days to make sure ~~that~~ but it was getting worse to the point where i couldn't eat and i couldn't let the air get in ~~mouth~~ because it would hurt real bad. & ask Lt. Brown to call the next morning 9-17-12 and was told to report at noon. Doc. Mitchell tried to fix the problem and told me "i'll call you back in 4 weeks to see if we made any progress. However, after about two weeks the filling fell out at work in which i showed it to my supervisor Viason and Harris. That same ~~teeth~~ was still sensitive to air before the filling came out and i had to use my finger to push it back in.

once again i asked Lt. Brown to call Doc. Mitchell and he said "he spoke to a male doc and he said he's going to check my file". The following day i asked Sgt Nash to call and he was told "There wasn't any dentist working. on 10-6-12 i went for a physical and saw Doc. Mitchell walking by & explain to her that my filling came out, and i'm in alot of pain and i can't eat. & also told her my Sgt. from i-house try calling and to no avail. The officer told me to step in the bullpen and as i stepped inside the bullpen she Doc Mitchell walked away.

Relief Requested: please! & just want my teeth fix properly because this pain is over bearing. please!

Respectfully:

Erin Pitts

R1346 E-129

DEC 24 2012

EMERGENCY REVIEW	
Date Received: / /	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

After leaving the Dentist, the numbness wore off a few hours later and one of my felling was very sensitive to the air, and anything played by mouth such as cold water. I waited a few days to make sure I wasn't overreacting and the pain was getting worst. I spoke to Lt. Brown and he called and spoke with Dr. Mitchell who said I should report it I believe. 2:00 pm Sep 17-2012. I report to Dr. Mitchell and she worked on my teeth for the second time. I told her that I can see where its chip down in the gum and it felt like a nerve is expose or some thing. After working on my teeth, she told me she will "make an appointment for me to come back in four weeks. However, my teeth is still hurting more so when I eat or drink, and few days later the felling fell out. I showed it to my supervisor Harris and Vinson before using my finger to push it back in my teeth. I ask Lt. Brown to call Dr. Mitchell but to no avail. I then speak to Sgt. Nash who also tried to reach Dr. Mitchell still to no avail. I went for a regular checkup a couple days or few days later and saw Dr. Mitchell and her assistant walked in. I explain to her the situation, C/O Williams asked me to step in the Bull pen so I step inside the Bull pen Dr. Mitchell and her assistant walked away.

This is my second¹² Grievance. I send an emergency Grievance to Warden Hardy and I still haven't gotten any response or seeing the Dentist to have my teeth fixed. I'm still in pain, it's still hard for me to eat or drink, and I need help please!

Relief requested: For my teeth to be fixed and not having Dr. Mitchell work on my mouth for the third time.

THANK you for your time and Have A Nice Day.

Respectfully,

Gari Pott

#B13046 UNIT-E-129

(EXHIBIT-C).

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>12-01-12</u>	Offender: (Please Print) <u>Gosi Pitter</u>	ID#: <u>R13046</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: <u>12 01 12</u> <u>Stateville C.C.</u> <div style="display: flex; justify-content: space-between;"> Date of Report Facility where issued </div>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>on Sep 14-2012 I went to the dentist to have two fillings complete. on the day Dr. Mitchell and her assistant was working by themselves. she told assistant to put me in the chair next to her because she was working on someone in her chair. As she got finished with the inmate in her chair her assistant left on lunch break. Dr. Mitchell started working on me (Mr Pitter's) tooth, the drill started going on and off on its own. As continued working and complaining about the broken drill, her assistant returned from her break. She Dr. Mitchell told her assistant, "we need to move Mr Pitter to my chair, cause i cant work like this".</u></p> <p>Relief Requested: <u>"The Drill kept going off and chipping his teeth and stuff"</u> <u>After leaving the dentist, a few hours later my teeth felt really sensitive, and it hurts when i eat, drink or when the air gets</u></p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>Gosi Pitter</u> Offender's Signature		<u>R13046</u> ID#
		<u>12.01.12</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (If applicable)

Date

Received: 1 1☐ Send directly to Grievance Officer☐Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62794-9277

Response: _____

Date Received: _____		Response: _____	
<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-8277		Counselor's Response (if applicable)	

Date: 12-01-12		Offender (Please Print): Gosi, Peter		ID#: R13046
Present Facility: Hester, C.E.		Facility where grievance issue occurred: Hester, C.E.		
NATURE OF GRIEVANCE:				
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator			
<input type="checkbox"/> Disciplinary Report: 12-01-12	Date of Report: 12-01-12	Facility where issued: Hester, C.E.		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:				
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Review Board, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.				
Brief Summary of Grievance: On May 14-2012 I went to the dentist to have two fillings complete. On the day Dr. Mitchell and his assistant were working by themselves. He felt assistant to put me in the chair. As the got finished with the removal in her chair her assistant left on lunch break. Dr. Mitchell started working on me (me Pitter) took, the nurse started going on and off with the nurse. As continued working and complaining about the broken tools, her assistant returned from her break. Dr. Mitchell told her assistant "one need to move me faster to my chair, cause I can't speak like this." Relief Requested: "The nurse kept going off and changing his teeth and stuff." After leaving the dentist, a few hours later my teeth felt really sensitive and it hurts when I eat, drinks or when the air gets to them. Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.				
Offender's Signature: <i>Gosi, Peter</i> ID#: R13046 Date: 12-01-12				

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

3129

(EXHIBIT-L)

GLASI, PITTER

IDOC#R13046, STATEVILLE CORR. CTR.
P.O. Box 112, JOLIET, IL, 60434

DECEMBER 16, 2012

MS. COLLEEN FRANKLIN, EC II
GRIEVANCE OFFICER
STATEVILLE CORR. CTR.
ROUTE 53, P.O. Box 112
JOLIET, IL, 60434

RE: MEDICAL INCIDENT (DENTAL)

DEAR MS. FRANKLIN:

GREETINGS to you and your STAFFS. I'M WRITING this LETTER REGARDING my COUNSELOR RESPONSE TO my GRIEVANCE. I DON'T AGREE WITH HER RESPONSE BECAUSE SHE SAID "I WAS SEEN by the DENTIST lately" (NOV 1-2012) WHICH WAS THE FOURTH⁽⁴⁾ time I SAW the DENTIST FOR THE SAME (TEETH) IN THREE MONTHS. SEP 17, 2012⁽²⁾ - OCT 25-2012⁽³⁾ SEP 14-2012 AND NOV 1-2012⁽⁴⁾... WHERE A FILLING WAS PLACE AROUND the TEETH BECAUSE the FILLING KEEP FALLING OUT. THE GAP THAT WAS MADE by the DRILL CHIPPING my TEETH IS TO BIG SO the DENTIST HAD TO PUT A (RAP-A-ROUND) to hold the FILLING IN PLACE. HOWEVER, THE TOP OF

THE RAPAROUND CRACKED AND STARTED TO COME APART.
IF YOU NOTICE THE GAP BETWEEN SEP 17, 2012 AND OCT 25, 2012
WHICH IS OVER A MONTH THE I'VE BEEN COMPLAINING THAT
MY FILLING HAS CAME OUT AND I WAS IN PAIN. I KNOW
EVERYONE IN THE DENTIST DEPARTMENT HAS KNOWLEDGE OF THIS
BROKEN CHAIR, AND I BELIEVE THIS TO BE NEGLIGENCE.

INCLUDED IS A COPIES OF MY GRIEVANCES.

THANK YOU FOR YOUR TIME AND MAY YOUR DAYS BE BLESS
ALWAYS.

RESPECTFULLY:



GABI PITTER

#213046

ILLINOIS DEPARTMENT OF CORRECTIONS
Administrative Review Board
Return of Grievance or Correspondence

E129

Offender:

Pitter
Last Name

Gasi
First Name

MI

R13046
ID#

Facility:

Sta

☒ Grievance: Facility Grievance # (if applicable)

Dated:

10/8/12

or ☐ Correspondence: Dated:

Received:

12/20/12
Date

Regarding:

med/dental

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- #1 ☒ Provide a copy of your written Committed Person's Grievance, DOC 0046, including the counselor's response, if applicable.
- #2 ☒ Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
- Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on ____/____/_____.
Date
- ☐ No justification provided for additional consideration.

Other (specify): ☒ Since you and this issue are at the same institution you must first grieve the issue with the institution. You can then appeal that decision with the ARB. To appeal to the ARB you must provide #1 and #2 above within timeframes.

CIRC resp on 11-12-12

Completed by:

Gina Allen

Print Name

Gina Allen

Signature

Date

1/18/13

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 8/2010)

GAS PITTER

IDOC # R13046, STATEVILLE C.C.
P.O. Box 112 Joliet, IL 60434

MS. COLLEEN FRANKIN, C.E. II
GRIEVANCE OFFICER
Stateville C.C.
Route 63, P.O. Box 112
Joliet IL 60434

Re: Medical Incident (DENTAL)

Dear Ms. Frankin:

Greetings once again to you and your staff. I am writing this second letter regarding my first letter and grievances that I have sent to you on 12-16-2012. I haven't gotten any response from you or your office and I need a response in order to proceed.

Can you please respond to my complaint so I can move forward.

Thank you and may your day be blessed!

Respectfully

GAS PITTER



P.S. included is copies of first letter and grievances.



Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: April 17, 2013

TO: GRIEVANCE OFFICE

FROM: Royce Brown-Reed, HCUA

SUBJECT: MEDICAL GRIEVANCE RESPONSE #M156

FIRST **M156** – Per Dr. Jacqueline Mitchell, Dentist grievant Gasi Pitter R13046 has been seen in the Dental Clinic by Dr. Saffold on the following dates: 10/2/2012, 10/25/2012, 11/01/2012, 1/03/2013.

SECOND *He was seen in the Dental Clinic by Dr. Garg on: 3/1/2013; seen by Dr. Brooks on 1/17/2013; and Dr. Mitchell on 12/12/2012.

JM: abw

cc: File

Facts Reviewed: Grievant claims that he is not receiving proper dental care for a tooth that was chipped by Dr. Mitchell during a dental visit on 9/14/12. He states he is in pain and wants the tooth fixed.

Grievance Officer finds that per Dr. J. Mitchell, Dentist, grievant was in Dental Clinic by Dr. Saffold on the following dates: 10/2/12, 10/25/12, 11/1/12 and 1/3/13. Grievant was seen in the Dental Clinic by Dr. Garg on 3/1/13, seen by Dr. Brooks on 1/17/13; and Dr. Mitchell on 12/12/12.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON/RN recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate dental care at this time.

Anna McBee, CCH

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Anna McBee

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received:

5/3/13

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Robert Lee (55)

Chief Administrative Officer's Signature

5/3/13

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

5-19-13

(EXHIBIT-I).

JOINT IL 60434

ADMINISTRATIVE REVIEW BOARD
319 E. MADISON ST, SUITE A
SPRINGFIELD, IL 62706

DEAR MS. ALLEN,

GREETINGS to you and your STAFFS. and I hope you're all bless.
(ENCLOSED)
First I must thank you for Responding to my GRIEVANCE. However, I
just received a response from our GRIEVANCE STAFF here, regarding
the papers that you requested.

I disagreed with the recommendation made exhibit (A) from the
GRIEVANCE OFFICER. THE DATES ARE CORRECT. HOWEVER, 9-14-2012
9-17-2012, 10-25-2012, 11-1-2012, 12-12-2012. These dates was for the
damaged TEETH #1 and the other dates are damage TEETH #2 and
cleaning.

The issue at hand still has not been addressed. The dates above
showed that something went wrong for me to be seeing the dentist this
many time for the same TEETH. If you notice the gap in 9-17-2012
to 10-25-2012, that is a months pass since I was requesting
medical attention because the filling came apart for the second
time and I couldn't eat or sleep. My SUPERVISORS VINSON, and
KEASLER and my SGT. NASH and LT. BROWN tried to get me to dental
but no avail.

This institution have a problem with handling GRIEVANCES, as you can see
its dated 5-3-13. However, I didn't receive this GRIEVANCE until
5-17-13. They did not send a copy of the letter I sent them back
to me but I keep a record of my own. Copy included.

THANK you for your time and patience please have a great
day!

Respectfully,
Geri Pittet
GAS. PITTEK 113046

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

GABRI PITTER

PLAINTIFF

VS.

CASE NO. _____

DR. JACQUELINE MITCHELL,

DR. SAFFOLD, DR. GARG, DR. BROOKS,

MARCUS HARDY

JOHN DOE

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION
1983 U.S. CODE.

I. Plaintiff: GABE PITTER # R-13046

STATEVILLE CORRECTIONAL CENTER

P.O. Box 112

Joliet, IL 60434

II. Defendants:

A. DEFENDANT: JACQUELINE MITCHELL

TITLE: DENTIST

PLACE OF EMPLOYMENT: STATEVILLE

E. MARCUS HARRY

EX-WARDEN

STATEVILLE C.C.

B. SAFFOLD

DENTIST

STATEVILLE C.C.

F. JOHN DOE

OFFICER 4

STATEVILLE C.C.

C. GARG

DENTIST

STATEVILLE C.C.

D. BROOKS

DENTIST

STATEVILLE C.C.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A.
N/A.
- B. Approximate date of filing lawsuit: N/A.
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
N/A.
N/A.
N/A.
- D. List all defendants: N/A.
N/A.
N/A.
N/A.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A.
- F. Name of judge to whom case was assigned: N/A.
N/A.
- G. Basic claim made: N/A.
N/A.
N/A.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A.
N/A.
N/A.
- I. Approximate date of disposition: N/A.

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. **Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. ON OCTOBER 8, 2012, PLAINTIFF FILED A EMERGENCY GRIEVANCE STATING:
THAT ON SEPTEMBER 14, 2012, PLAINTIFF HAD A DENTIST APPOINTMENT
TO HAVE HIS BOTTOM FRONT TEETH FILLED. DR. MITCHELL ALONG WITH
HER ASSISTANT WERE THE ONLY TWO ON DUTY. DR. MITCHELL TOLD
HER ASSISTANT TO PLACE PLAINTIFF IN CHAIR, THEN ASSISTANT LEFT
AND WENT TO LUNCH.
2. DR. MITCHELL STARTED WORKING ON PLAINTIFF'S TEETH, BUT THE
DRILL KEPT STOPPING ON IT'S OWN, WITHOUT THE DOCTOR
PRESSING THE BUTTON. HOWEVER, DR. MITCHELL KEEP TRYING
TO DRILL INTO TOOTH.
3. AGAIN AND AGAIN THE DRILL STOPPED AND STARTED, AND
CHIPPED PLAINTIFF'S TOOTH TO THE NERVE AND EXPOSED
PLAINTIFF'S NERVE, PUTING PLAINTIFF IN EXCRUCIATING
PAIN.
4. AFTER PAIN MEDICATION WORE OFF, PLAINTIFF COULD NOT

DRINK WATER BECAUSE TOOTH WAS HURTING AND WAS VERY SENSITIVE TO AIR, WATER, TOUCH OR ANY THING, VERY PAINFUL.

5. A COUPLY OF DAYS LATER PLAINTIFF TOOTH WAS GETING WORSE, COULD NOT EAT, AND IN EXCRUCIATING PAIN.

6. ON SEPTEMBER 17, 2013, PLAINTIFF INFORMED THE CELL HOUSE Lt. BROWN ABOUT HIS TOOTH THAT MORNING, HE CALL THE DENTIST AND HAD ME TO REPORT TO DENTAL AT NOON.

7. DR. MITCHELL AGAIN WORKED ON MY TOOTH, SHOT ME WITH PAIN MEDICATION SEVERAL TIMES, AND SAID: "I'LL CALL YOU BACK IN FOUR WEEKS FOR A FOLLOW-UP."

8. HOWEVER, AFTER ABOUT TWO WEEKS, THE FILLING CAME OUT AT WORK IN THE KITCHEN, WHERE I SHOWED MY SUPERVISORS VIASON AND HARRIS, AND TOLD THEM I WAS IN PAIN AND MY TOOTH IS VERY SENSITIVE BEFORE ~~THE~~ ^{FILLING} TOOTH CAME OUT.

9. ^{DAYS} LATER, ONCE AGAIN PLAINTIFF INFORMED THE CELL HOUSE Lt. BROWN CONCERNING THE PAIN WITH HIS TOOTH. WHERE HE CALLED THE DENTIST AND SPOKE TO A MALE DOCTOR AND HE WOULD CHECK PLAINTIFF'S FILE.

10. THE NEXT DAY, PLAINTIFF COMPLAINED TO SGT. NASH TO CALL TO THE DENTIST AND HE WAS TOLD THERE'S NO DENTIST THAT DAY.

11. ON OCTOBER 6, 2012, PLAINTIFF WAS IN HEALTH CARE FOR A PHYSICAL AND SPOKE TO DR. MITCHELL ABOUT FILLING COMING OUT AND THE PAIN THAT HE WAS IN, AND UNABLE TO EAT. TO NO AVAIL, SHE, DR. MITCHELL WALKED AWAY. (SEE ATTACHED EXHIBIT - A)
12. COUNSELOR'S RESPONSE TO GRIEVANCE ON NOVEMBER 12, 2012, STATING: ISSUE RESOLVED YOU WERE SEEN IN DENTAL ON OR ABOUT THE LAST WEEK OR SO.
13. ON OCTOBER 23, 2013, PLAINTIFF FILED A SECOND GRIEVANCE CONCERNING STILL HAVING DENTAL PROBLEMS, HARD TO EAT OR DRINK AND STILL IN EXCRUCIATING PAIN.
14. COUNSELOR'S RESPONSE DATED NOVEMBER 15, 2012, A COPY OF THIS GRIEVANCE WILL BE FORWARD TO HEALTH CARE FOR REVIEW. DO NOT SEND OUT COPIES: YOU WILL RECEIVE A FORMAL REPLY FROM GRIEVANCE OFFICER ONCE THEY HAVE HEARD BACK FROM HEALTH CARE UNIT. (EXHIBIT - B).
15. ON DECEMBER 1, 2012, PLAINTIFF FILED A THIRD GRIEVANCE CONCERNING SENSITIVE TOOTH, PAIN, AND NOT RECEIVING A RESPONSE FROM OTHER GRIEVANCES ABOUT THIS ON GOING DENTAL PROBLEM. (EXHIBIT - C).
16. STATEVILLE CORRECTIONAL CENTER GRIEVANCE OFFICER AND CHIEF ADMINISTRATIVE OFFICE HAS NOT ANSWERED APPEAL FILED

DECEMBER 16, 2012, MORE THEN 120 DAYS. (SEE EXHIBIT A, B, C).

17. WHILE INCARCERATED IN STATEVILLE CORRECTIONAL CENTER PLAINTIFF DEVELOPED DENTAL CONDITIONS THAT INCLUDES CAVITIES AND CHIPPED TOOTH, WHICH CAUSED SEVERE PAIN.
18. BEGINNING NO LATER THAN SEPTEMBER, 2012, PLAINTIFF REQUESTED DENTAL CARE FOR TOOTH DECAY. IN ACCORDANCE WITH THE IDOC AT STATEVILLE CORRECTIONAL CENTER, POLICIES AND PROCEDURES, PLAINTIFF INFORMED DEFENDANTS ABOUT HIS MEDICAL CONDITION AND REQUESTED TREATMENT.
19. PLAINTIFF RECEIVED A RESPONSE TO HIS INMATE APPEAL FILED ON DECEMBER 16, 2012, SEE EXHIBIT-D, FOUR MONTHS LATER AFTER A SERIES OF GRIEVANCES ON OR ABOUT APRIL 17, 2013. (SEE EXHIBIT-6)
20. DEFENDANT FAILED TO PROVIDE PLAINTIFF WITH THE REQUIRED DENTAL CARE, DESPITE HIS REPEATED COMPLAINTS FILED ABOUT BEING IN PAIN.
21. DEFENDANTS' FAILURE TO TREAT PLAINTIFF CAUSED HIS SERIOUS MEDICAL CONDITION TO BE AGGRAVATED, CAUSE PLAINTIFF TO ENDURE PROLONGED PERIODS OF CHRONIC, SEVERE PAIN, AND TOOTH DECAY.
22. DEFENDANTS DR. MITCHELL, DR. SAFFOLD, DR. GARG, DR. BROOKS, ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC), AND THE STATE OF

ILLINOIS WERE ULTIMATELY RESPONSIBLE FOR ENSURING PLAINTIFF'S SAFETY AND WELL-BEING IN CONNECTION WITH PLAINTIFF'S DENTAL AND ORAL HEALTH DURING HIS INCARCERATION IN IDOC AT STATEVILLE CORRECTIONAL CENTER.

23. BASED ON THIS RESPONSIBILITY, IT IS REASONABLE TO INFER THAT DEFENDANTS WERE PERSONALLY INVOLVED IN THE DENIAL OF ADEQUATE DENTAL TREATMENT TO PLAINTIFF UNDER THE EIGHTH AND FOURTEENTH AMENDMENT CLAIMS FOR DEPRIVATION OF CIVIL RIGHTS IN VIOLATION OF 42 U.S.C. SECTION 1983.
24. THE ABOVE DESCRIBED CONDUCT DEMONSTRATES THAT PLAINTIFF SUBMISSION OF NUMEROUS MEDICAL REQUEST FORMS AND INMATE GRIEVANCES FORMS, AS WELL AS RESPONSES BY COUNSELOR THAT DEFENDANTS WERE AWARE OF PLAINTIFF'S SERIOUS DENTAL CONDITION AND RESULTING PAIN BUT EXHIBITED DELIBERATE INDIFFERENCE ~~TO~~ ~~TO~~ PLAINTIFF'S SERIOUS MEDICAL AND DENTAL NEEDS IN VIOLATIONS OF HIS RIGHTS UNDER THE EIGHT AND FOURTEENTH AMENDMENTS AND 42 U.S.C. SECTION 1983.
25. AS A DIRECT AND PROXIMATE CONSEQUENCE OF DEFENDANTS' AFOREMENTIONED DELIBERATE INDIFFERENCE ~~TO~~ TO PLAINTIFF'S SERIOUS DENTAL NEEDS, PLAINTIFF SUFFERED AND CONTINUES TO SUFFER CHRONIC AND SUBSTANTIAL PAIN, CONTINUES TO ENDURE CRUEL AND UNUSUAL PUNISHMENT, AND SUFFERS MENTAL ANGUISH IN CONNECTION WITH THE DEPRIVATION OF HIS CONSTITUTIONAL AND

STATUTORY RIGHTS GUARANTEED BY THE CONSTITUTION OF THE UNITED STATES AND PROTECTED BY 42 U.S.C. SECTION 1983.

26. PLAINTIFF PITTER IS A CITIZEN OF ILLINOIS AND AT ALL RELEVANT TIMES RESIDED IN THE NORTHERN DISTRICT OF ILLINOIS. PLAINTIFF IS CURRENTLY INCARCERATED AT STATEVILLE CORRECTIONAL CENTER LOCATED IN JOLIET, ILLINOIS.
27. AT ALL RELEVANT TIMES THE STATE OF ILLINOIS IS A SOVEREIGN STATE OF THE UNITED STATES OF AMERICA AND CONTRACTED WITH ILLINOIS DEPARTMENT OF CORRECTIONS TO PROVIDE MEDICAL AND DENTAL SERVICES TO INMATES, INCARCERATED AT STATEVILLE CORRECTIONAL CENTER
28. AT ALL RELEVANT TIMES ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) AT STATEVILLE CORRECTIONAL CENTER CONTRACTED WITH STATEVILLE CORRECTIONAL CENTER TO PROVIDE MEDICAL AND DENTAL SERVICES TO INMATES INCARCERATED AT STATEVILLE CORRECTIONAL CENTER.
29. AT ALL RELEVANT TIMES DR. MITCHELL, DR. SAFFOLD, DR. GARD, AND DR. BROOKS WAS AND ARE THE DENTIST AT STATEVILLE CORRECTIONAL CENTER AND ARE RESPONSIBLE FOR THE DENTAL CARE OF INMATES, AND UPON INFORMATION AND BELIEF DR. MITCHELL, DR. SAFFOLD, DR. GARD AND DR. BROOKS HAS THE RESPONSIBILITIES THAT INCLUDES, BUT NOT LIMITED TO: (A) ASSESSING INMATES, AND DETERMINING WHEN THEY ARE IN NEED OF DENTAL CARE; AND (B) IMPLEMENTING, ENFORCING, AND OVERSEEING POLICIES AND PROCEDURES TO ENSURE THAT MEDICAL STAFF PROVIDE

PROMPT AND APPROPRIATE DENTAL TREATMENT TO INMATES, INCLUDING THE POLICIES AND PROCEDURES INVOLVING RESPONSE TO INMATES' MEDICAL REQUEST FORMS, INMATE GRIEVANCE FORMS AND RECOMMENDATIONS FROM GRIEVANCE OFFICER, CHIEF ADMINISTRATIVE OFFICER AND ADMINISTRATIVE REVIEW BOARD

30. AT ALL RELEVANT TIMES CORRECTIONAL OFFICER JOHN DOE 1-3 ARE EMPLOYED AT STATEVILLE CORRECTIONAL CENTER AND HAVE CONTACT WITH INMATES TO IMPLEMENT, ENFORCE, AND OVERSEEING POLICIES AND PROCEDURES TO ENSURE THAT INMATES ARE PROVIDED PROMPT MEDICAL TREATMENT.
31. PLAINTIFF HAS EXHAUSTED ALL HIS ADMINISTRATIVE REMEDIES, BY FILING HIS GRIEVANCES WITH STATEVILLE CORRECTIONAL CENTER ON OCTOBER 8, 2012. HE FILED AN EMERGENCY GRIEVANCE FILED UNDER NO. 3714, CONCERNING DENTAL AND ON OCTOBER 24, 2012, CHIEF ADMINISTRATIVE OFFICER RESPONDED NOT AN EMERGENCY. RESUBMITTED AND RESPONSE ON NOVEMBER 12, 2012, STATING ISSUE RESOLVED. (EXHIBIT-A).
32. ON OCTOBER 23, 2012, PLAINTIFF FILED ANOTHER GRIEVANCE BECAUSE OF NO RESPONSE FROM FIRST GRIEVANCE FILED ON OCTOBER 8, FILED UNDER NO. M156 AND RESPONSE DATED NOVEMBER 15, 2012. (EXHIBIT-B).
33. ON DECEMBER 1, 2012, PLAINTIFF FILED A THIRD GRIEVANCE, ANOTHER EMERGENCY GRIEVANCE, SIGNED BY CHIEF ADMINISTRATIVE OFFICER INDICATING NOT AN EMERGENCY NATURE, AND NO RESPONSE FROM CONSECOR AFTER RESUBMITTED. FILED UNDER NO. 4653. (EXHIBIT-C).

34. ON DECEMBER 16, 2012, PLAINTIFF APPEALED HIS GRIEVANCES TO THE GRIEVANCE OFFICER AT STATEVILLE, BECAUSE OF NOT BEING IN AGREEMENT WITH RESPONSE FROM COUNSELOR. (EXHIBIT-D).
35. PLAINTIFF APPEALED HIS GRIEVANCES TO THE ILLINOIS DEPARTMENT OF CORRECTIONS ADMINISTRATIVE REVIEW BOARD, RECEIVED DECEMBER 20, 2012, CONCERNING DENTAL. (EXHIBIT-E).
36. ON APRIL 28, 2013, PLAINTIFF FILED A SECOND APPEAL WITH GRIEVANCE OFFICER AT STATEVILLE BECAUSE OF NO REPLY. (EXHIBIT-F).
37. PLAINTIFF RECEIVED A RESPONSE FROM GRIEVANCE OFFICER DATED APRIL 17, 2013, AFTER FILING HIS SECOND APPEAL. (EXHIBIT-G).
38. ~~ON~~ MAY 3, 2013, GRIEVANCE OFFICER AND CHIEF ADMINISTRATIVE OFFICER RESPONDED TO PLAINTIFF'S GRIEVANCE, RESPONDING "NO ACTION AS GRIEVANT APPEARS TO BE RECEIVING APPROPRIATE DENTAL CARE AT THIS TIME." (EXHIBIT-H)
39. THE ADMINISTRATIVE REVIEW BOARD OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) HAS NOT RESPONDED TO PLAINTIFF'S APPEAL FILED MAY 9, 2013. (EXHIBIT-I)

RELIEF:

PLAINTIFF WANTS HIS TEETH EXAMINED AGAIN TO DETERMINE
WHAT EXACTLY WAS CAUSING HIM PAIN, FOR EACH DEFENDANT TO
BE SUED IN THEIR OFFICIAL & INDIVIDUAL CAPACITY, PUNITIVE
& COMPENSATORY DAMAGES ALONG WITH ATTORNEY FEES.

VI. PLAINTIFF DEMANDS THE CASE BE TRIED BY A JURY (YES)

SIGNED THIS 12 DAY OF OCT 2013

x 

PLAINTIFFS

SIGNATURE

GASI PITTER # R-13046

STATEVILLE CORRECTIONAL CENTER

P.O. Box 112

JOLIET, IL 60434

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ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

goes away, & tried to drink some water but my ^(teeth) ~~mouth~~ was very sensitive and hurting. I waited a couple days to make sure ~~that~~ but it was getting worse to the point where I couldn't eat and I couldn't let the air get in ~~mouth~~ because it would hurt real bad. I ask Lt. Brown to call the next morning 9-17-12 and was told to report at noon. Dr. Mitchell tried to fix the problem and told me "I'll call you back in 4 weeks to see if we made any progress. However, after about two weeks the filling fell out at work in which I showed it to my supervisor Viason and Harris. That same ~~teeth~~ was still sensitive to air before the filling came out and I had to use my finger to push it back in.

once again I asked Lt. Brown to call Dr. Mitchell and he said "he spoke to a male Dr. and he said he's going to check my file." The following day I asked Sgt Nash to call and he was told "There wasn't any dentist working. on 10-6-12 I went for a physical and saw Dr. Mitchell walking by & explain to her that my filling came out, and I'm in a lot of pain and I can't eat. & also told her my Sgt. from E-house try calling and to no avail. The officer told me to step in the bullpen and as I stepped inside the bullpen the Dr. Mitchell walked away.

As I requested: please! & just want my teeth to properly because this pain is over bearing. please!

Respectfully:

Erin Pette

RR-46 E-129

DEC 2 11 2012

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>10-23-12</u>	Offender: <u>Gasi Pitter</u> (Please Print)	ID#: <u>R13046</u>
Present Facility: <u>Stateville CC</u>	Facility where grievance issue occurred: <u>Stateville CC</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Disability
<input type="checkbox"/> Disciplinary Report: <u>10 123 112</u>	<u>Stateville CC</u>	<input type="checkbox"/> HIPAA
Date of Report	Facility where issued	<input type="checkbox"/> Other (specify): _____
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>On Sep 14-2012 i attended the dentist to have my lower front teeth filed. upon entering the dentist office Dr. Mitchell, who was working alone with her assistant, told her assistant to put me in the chair to the left of her chair. She had an inmate in her chair at the time that she was working on. As she was about finish with her first client, her assistant left for lunch. So now she was working alone. After finishing with her first client, she started working on my tooth. However, the drill wasn't working properly because she kept complaining. upon her assistant return she told her Relief Requested: <u>"put me Pitter in my chair because the air hose over here is messing up. i can't work with this (hose) it kept going off on its own, chipping his (Mr Pitter) teeth and stuff."</u></u></p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Gasi Pitter</u> Offender's Signature		<u>R13046</u> ID#
		<u>10 123 12</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: <u>11 1 12</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: <u>A copy of this grievance will be forwarded to the Health Care Unit for review. Do not send out copies, you will receive a formal reply from the grievance office once they have heard back from the Health Care Unit</u></p>		
<u>Sanders</u> Print Counselor's Name	<u>Sanders SC</u> Counselor's Signature	<u>11 15 12</u> Date of Response

EMERGENCY REVIEW		
Date Received: <u>1 1</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
 Chief Administrative Officer's Signature		 Date

OFFENDER'S GRIEVANCE (Continued)

After leaving the Dentist, the numbness wore off a few hours later and one of my felling was very sensitive to the air and anything aplayed by mouth such as Cold water. I waited a few days to make sure I wasn't overreacting and the pain was getting worst. I spoke to Lt. Brown and he called and spoke with Dr. Mitchell who said I should report it I believe. 2:00 pm Sep 17-2012. I report to Dr. Mitchell and she worked on my teeth for the second time. I told her that I can see where it's chip down in the gum and it felt like a rock in expose or some thing. After working on my teeth, she told me she will "make an appointment for me to come back in four weeks. However, my teeth is still hurting more so when I eat or drink, and few days later the felling fell out. I showed it to my Supervisor Harris and Vinson before using my finger to push it back in my teeth. I ask Lt. Brown to call Dr. Mitchell but to no avail. I then speak to Sgt. NASH who also tried to reach Dr. Mitchell still to no avail. I went for a regular checkup a couple days or few days later and saw Dr. Mitchell and her assistant walked in. I explain to her the situation, C/O William asked me to stop in the Bull pen. As I step inside the Bull pen Dr. Mitchell and her assistant walked away.

This is my secondnd Grievance. I send an emergency Grievance to Warden Hardy and I still haven't gotten any response or seeing the Dentist to have my teeth fixed. I'm still in pain, it's still hard for me to eat or drink, and I need help please!

Relief requested: For my teeth to be fixed and not having Dr. Mitchell work on my mouth for the third time.

THANK YOU FOR YOUR TIME AND HAVE A NICE DAY.

Respectfully,

Garrett

#B13046 UNIT-E-129

(EXHIBIT-C)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

2129

Date: <u>12-01-12</u>		Offender: (Please Print) <u>Gosi Pitter</u>	ID#: <u>R13046</u>
Present Facility: <u>Stateville C.C.</u>		Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Disciplinary Report: <u>12 01 12</u>		Facility where issued: <u>Stateville C.C.</u>	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: on Sep 14-2012 I went to the dentist to have two fillings complete. on the day Dr. Mitchell and her assistant was working by themselves. she told assistant to put me in the chair next to her because she was working on someone in her chair. As she got finished with the inmate in her chair her assistant left on lunch break. Dr. Mitchell started working on me (McPitter) tooth, the drill started going on and off on its own. As continued working and complaining about the broken drill, her assistant returned from her break. She Dr. Mitchell told her assistant, "we need to move McPitter to my chair, cause I can't work like this".

Relief Requested: "The drill kept going off and chipping his teeth and stuff" after leaving the dentist, a few hours later my teeth felt really sensitive and it hurts when I eat, drink or when the air gets

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Gosi Pitter R13046 12.01.12
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>1 1</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: _____		
DEC 24 2012		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW		
Date Received: <u>12.10.12</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance		<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Archie Hardy</u>		<u>12.10.12</u>
Chief Administrative Officer's Signature		Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

in my mouth. on Sep 17-2012 Lt. Brown spoke with Dr. Mitchell about the situation at hand and she said "have him report to me at 2:00pm after Dr. Mitchell check and tryed to fix the problem. she said "we'll check it in four weeks". About two days later while on my assignment, the felling came out and I showed it to my supervisor Harris and Vinson. After many attempts with Lt. Brown, Sgt. Nash, and once with my supervisor to get me some better medical attention. But to no avail. After filling a GRIEVANCE, I was seen on Oct 25-2012. At this time a male dentist worked on my teeth in which he discover a "cavity gap and exposed nerves". He told me he will have to put a "temporary medical felling and he would see me on NOV 1-2012. ON NOV 1-2012 I was in his chair and he tried his best to fix my teeth. However, it's still sensitive and pain when I drink fluids. (on 10-26-12)

Warden Hardy deem my Grievance none emergency. so I send to it Counselor Sanders on the said night of Oct 26-2012, until today there is still no response to such Grievance. I have seen Counselor Sanders twice since Oct 26-2012 and she said she believed that she signed off on the Grievance and it's in the mail. Statewide has been known to hold Grievances up to on year to discourage us from pursuing our rights to justice.

After the fourth time been in my mouth and place a naparound on my teeth, it still hasn't work and the naparound started to chip away.

RELIEF REQUESTED: TO BE COMPENSATED FOR THE DAMAGE OF MY TEETH. \$80,000

THANK YOU AND MAY YOUR DAYS BE BLESS.
RESPECTFULLY
Hasi Pitter

GASI PITTER

IDOC # R13046, STATEVILLE CORR. CTR.
P.O. Box 112, JOLIET, IL, 60434

DECEMBER 16, 2012

MS. COLLEEN FRANKLIN, EC II
GRIEVANCE OFFICER
STATEVILLE CORR. CTR.
ROUTE 53, P.O. Box 112
JOLIET, IL, 60434

RE: MEDICAL INCIDENT (DENTAL)

DEAR MS. FRANKLIN:

GREETINGS to you AND YOUR STAFFS. I'M WRITING THIS LETTER REGARDING MY COUNSELOR RESPONSE TO MY GRIEVANCE. I DON'T AGREE WITH HER RESPONSE BECAUSE SHE SAID "I WAS SEEN BY THE DENTIST lately" (NOV 1-2012) WHICH WAS THE FOURTH⁽⁴⁾ TIME I SAW THE DENTIST FOR THE SAME (TEETH) IN THREE MONTHS.⁽²⁾ SEP 17, 2012 - OCT 25-2012⁽³⁾ SEP 14-2012 AND NOV 1-2012...⁽⁴⁾ WHERE A FILLING WAS PLACED AROUND THE TEETH BECAUSE THE FILLING KEEP FALLING OUT. THE GAP THAT WAS MADE BY THE DRILL CHIPPING MY TEETH IS TO BIG SO THE DENTIST HAD TO PUT A (RAP-A-ROUND) TO HOLD THE FILLING IN PLACE. HOWEVER, THE TOP OF

THE RAPAROUND CRACKED AND STARTED TO COME APART.
IF YOU NOTICE THE GAP BETWEEN SEP 17, 2012 AND OCT 25, 2012
WHICH IS OVER A MONTH THE I'VE BEEN COMPLAINING THAT
MY KILLING HAS CAME OUT AND I WAS IN PAIN. I KNOW
EVERYONE IN THE DENTIST DEPARTMENT HAS KNOWLEDGE OF THIS
BROKEN CHAIR, AND I BELIEVE THIS TO BE NEGLIGENCE.

IN CLUDED IS 1 COPIES OF MY GRIEVANCES.

THANK YOU FOR YOUR TIME AND MAY YOUR DAYS BE BLESS
ALWAYS.

RESPECTFULLY:

Gasi ~~Pitter~~

GASI PITTER

#213046

**Administrative Review Board
Return of Grievance or Correspondence**

Offender:

Pitter

Last Name

Gasi

First Name

MI

R13046

ID#

Facility:

Sta

☒ Grievance: Facility Grievance # (if applicable) _____

Dated:

10/8/12

or ☐ Correspondence: Dated: _____

Received:

12/20/12

Date

Regarding:

med / Dental

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:#1 ☒ Provide a copy of your written Committed Person's Grievance, DOC 0046, including the counselor's response, if applicable.#2 ☒ Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.☐ Provide dates of disciplinary reports and facility where incidents occurred.☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:☐ Contact your correctional counselor regarding this issue.☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.☐ Contact the Record Office with your request or to provide additional information.☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706
No further redress:☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further☐ This office previously addressed this issue on _____ / ____ / ____

Date

☐ No justification provided for additional consideration.

Other (specify): ☒ Since you and this issue are at the same institution you must first grieve the issue with the institution. You can then appeal that decision with the ARB. To appeal to the ARB you must provide #1 and #2 above within timeframes.

CIRC resp on 11-12-12

Completed by:

Gina Allen

Print Name

Gina Allen

Signature

Date

11/8/13

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 8/2010)

GAS PITTER

IDOC # R13046, STATEVILLE C.C.
P.O. Box 112 Joliet, IL 60434

MS. COLLEEN FRANKIN, EC II
GRIEVANCE OFFICER
STATEVILLE EC
Route 63, P.O. Box 112
Joliet IL 60434

Re: Medical Incident (DENTAL)

Dear MS. FRANKIN:

GREETINGS once again to you and your slaves. I'm writing this second letter regarding my first letter and GRIEVANCES that I have sent to you on 12-16-2012. I haven't gotten any response from you or your office and I need a response in order to proceed.

Can you please respond to my complaint so I can move forward.

Thank you and may your day be blessed!

Respectfully

GAS PITTER



P.S. included is copies of first letter and GRIEVANCES.



Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: April 17, 2013

TO: GRIEVANCE OFFICE

FROM: Royce Brown-Reed, HCUA

SUBJECT: MEDICAL GRIEVANCE RESPONSE #M156

FIRST

M156 – Per Dr. Jacqueline Mitchell, Dentist grievant Gasi Pitter R13046 has been seen in the Dental Clinic by Dr. Saffold on the following dates: 10/2/2012, 10/25/2012, 11/01/2012, 1/03/2013.

SECOND

★ He was seen in the Dental Clinic by Dr. Garg on: 3/1/2013; seen by Dr. Brooks on 1/17/2013; and Dr. Mitchell on 12/12/2012.

JM: abw

cc: File

(EX H)

Facts Reviewed: Grievant claims that he is not receiving proper dental care for a tooth that was chipped by Dr. Mitchell during a dental visit on 9/14/12. He states he is in pain and wants the tooth fixed.

Grievance Officer finds that per Dr. J. Mitchell, Dentist, grievant was in Dental Clinic by Dr. Saffold on the following dates: 10/2/12, 10/25/12, 11/1/12 and 1/3/13. Grievant was seen in the Dental Clinic by Dr. Garg on 3/1/13, seen by Dr. Brooks on 1/17/13; and Dr. Mitchell on 12/12/12.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON/RN recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate dental care at this time.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5/3/13 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

[Signature] Michelle Lee (53)

Chief Administrative Officer's Signature

5/3/13

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

OBJECT IL 62434

ADMINISTRATIVE REVIEW BOARD
319 E. MADISON ST, SUITE A
SPRINGFIELD, IL 62706

DEAR MS. ALLEN,

GREETINGS to you and your STAFF. and I hope you're all bless.
First I must thank you for Responding to my ^(ENCLOSED) GRIEVANCE. However, I
just received a Response from our GRIEVANCE STAFF back, Regarding
the papers that you Requested.

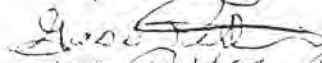
I disagreed with the Recommendation MARK exhibit (A) from the
GRIEVANCE OFFICER. THE DATES ARE CORRECT. HOWEVER, 9-14-2012
9-17-2012, 10-25-2012, 11-1-2012 12-12-2012. These dates was for the
damaged TEETH #1 and THE OTHER DATES ARE DAMAGE TEETH #2 and
CLEANING.

THE ISSUE at hand still has not been addressed. THE DATES above
showed that SOMETHING WENT WRONG FOR ME to be seeing the dentist this
MANY TIME FOR THE SAME TEETH. IF you notice the gap in 9-17-2012
to 10-25-2012, that is a MONTHS PASS SINCE I WAS Requesting
medical attention because the Filling came apart for the second
time and I couldn't eat or sleep. My SUPERVISORS VINSON, and
KEASTNER and My SGT. NASH and LT. BROWN TRIED to get me to dental
but NO avail.

THE INSTITUTION have a problem with handling GRIEVANCES, as you can see
its dated 5-3-13. HOWEVER, I didn't receive this GRIEVANCE until
5-13-13. They did NOT send a copy of the letter I sent them back
to me but I keep a record of my own. Copy included.

THANK you for your time and PATIENCE PLEASE have a great
day!

Respectfully,


GARY PITTER ALBANY